

ANNEX 3

AGE	TOTAL NUMBER POPULATION	GOITER STAGE ₀		GOITER STAGE ₁		GOITER STAGE ₂		GOITER STAGE ₃		1-2-3			% OF GOITERS
		M	F	M	F	M	F	M	F	M	F	T	
0-1	982	515	467	—	—	—	—	—	—	—	—	—	—
2-4	2268	1032	1089	69	71	2	5	—	—	71	76	147	6.4%
5-9	2803	804	801	528	562	47	59	—	2	575	623	1198	42.7%
10-14	1982	335	443	600	455	56	91	—	2	658	546	1204	60.7%
15-45	4052	251	1838	189	1245	20	427	1	81	210	1753	1963	48.4%
<u>TOTAL</u>	<u>12087</u>	2937	4638	1386	2333	125	582	3	83	1514	2998	451	<u>37.3%</u>
		7575		3719		707		86					

ANNEX 4 : GOTTFRID'S PHOTOGRAPH



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FINAL REPORT

IODINE DEFICIENCY DISORDERS

CONTROL PROGRAMME

FOR AFGHANS REFUGEES

CHITRAL VALLEY,

May 1989 - December 1989.

Christine Bousquet, RN, MSF,

February, 27th, 1990.

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I : INTRODUCTION

Chitral is located in the NWFP province at an altitude of 1500 meters. The Afghan refugees settled down all through the valley ten years ago. Some families are spread in remote areas but the majority live in camps. The total refugee population is approximately 38000.

In November 1988, after several cases of visible goiters were reported, a survey following the UNHCR protocol was conducted by Dr. Chris Ortman, MSF Health Coordinator, and revealed a goiter prevalence of 34 per cent.

II : OBJECTIVES

MSF submitted a project for prevention and control of IDD to UNHCR and UNICEF. That project included:

- .an iodized oil injection able to correct or prevent the IDD for three to five years.

- .an iodized salt campaign to inform and sensitize the refugees about the importance of the inclusion of iodized salt in their daily diet.

III : METHODOLOGY

The project started the middle of May 1989 with the financial support of UNICEF.

Staff recruitment:

A special team was hired and trained:

- .A male vaccinator in charge of the administration of injection to the male population, the evaluation of goiters stage, the destruction of disposable needles and syringes and for the dissemination

-nation of information regarding iodized salt.

.A male translator responsible for the orientation of the target population to the iodine programme and the distribution of the iodine cards in Arabic script.

.A male and female motivator recruited in each camp for the purpose of motivating the community to this programme. In this way, the community was easily reached.

.Because of the strong system of "purdah" present in this refugee community, the male vaccinator was not allowed to give injections to the women. Due to the lack of female staff, we could not find a female vaccinator. One woman worked for us three weeks but her husband did not agree to let her work outside her home after this time period. Therefore, the MSF staff organizer of this project did this job herself, and gave injections to the entire female population over the age of 8.

.MSF also rented a car with a driver which allowed this programme to be independent from the transportation requirement of the rest of the MSF team.

.The working hours were from 7.30 to 2.30PM.

Registration

The registration was done by two people:

.The MSF staff programme organizer recorded the following information in the iodine register:

.the date of injection

.name

.sex

.age, date of birth for children

.province, district and village from Afghanistan

.goiter stage: 0-1-2-3

.if visible goiter was present, the person was asked when the goiter was first noticed.

.dosage

.card registration number

Meanwhile, the translator filled out the card with the same data. (See copy, Annex 2)

When all eligible members of the family had received their injection, this card was given to the family head. The possession of this card by the family is particularly important to document their participation in this programme, and for the future proof of goiter stage at this point.

Target population

The target population was as follows:

.male: from 0 to 20 years.

.female: from 0 to 45 years including pregnant women.

Information of the population

A few days before starting the injections in the camp, an information campaign was initiated through the schools and the mosques. In addition, several family's chiefs were gathered on the day of injection; the translator instructed them regarding the purpose of the injection through booklets.

At the beginning of each day, the team needed to search for a suitable guest-house for people to gather, because the refugee population does not wish to use the BIU's for this purpose. The "purdah" system also reinforces this situation.

One of the major difficulties was that we were required to move to five or six different locations each morning, sometimes to inject only a few people in each place. This was necessary due to potential tribal rivalry, and because of the Afghan refugee believe that health workers should come to them, not vice versa.

Injection oil administration

The route of administration was by intra-muscular injection. We emphasized care in sterilizing the skin and in inserting the needle into the muscle, not subcutaneously.

The commercially available form of iodized oil for IM use is Lipiodol fluide manufactured by Laboratoire Guerbet in France and packaged in 10ml sterile vials.

The dosage: the following dosage schedule used should supply ample iodine for prevention of goiter and cretinism for 3 to 5 years!

. from 0-1 year: 0,5 ml

. from 1-adult: 1 ml

The side-effects: possible side-effects are as follows:

. local inflammatory reactions at the injection site

. skin rashes

. abscess

However, none of these side-effects have been reported during this campaign.

IV : RESULTS

Our programme met with a great deal of cooperation and was, therefore, successful due to the attraction of the refugee population to injection as a mode of medication administration.

Our original goal was to attain an injection coverage of 75% of the refugee population. Even though CAR estimates the refugee population in the Chitral valley to be 38000, the assessment of the MSF programme organizer is that this is an overestimation.

A large majority of the refugee homes were contacted and a total of only 12087 injections were given.

12087 injections would be only 30% coverage for a population of 38000. The author of this report, from her experience and known coverage, feels that a 30% coverage is not accurate. This issue should become more clear with the results from the post survey done in February 1990.

Therefore, we covered all the areas where refugees are living in the Chitral valley, and the total population injected was : 12087.

The total incidence of goiter of stage 1, 2 and 3 was found to be 37,3% with a high percentage of goiters among the 10-14 years old and the 15-45 female group. (See Annex 3)

It was obvious that there were geographic differences in the population found to have goiter as, for example, more people from Badakhshan and Nouristan had previously this problem.

V: PERSPECTIVES

The current plan is to conduct a monthly iodized oil injection session in each of the BHU's for the purpose of coverage of those people who were defaulters during the campaign.

It would be interesting and worthwhile to look into the geographic distribution of goiters in more detail in the future; this will be especially important if an organization plans to implement goiter prevention and treatment programmes in Afghanistan.

A post clinical survey was conducted in February 1990, with the following objectives:

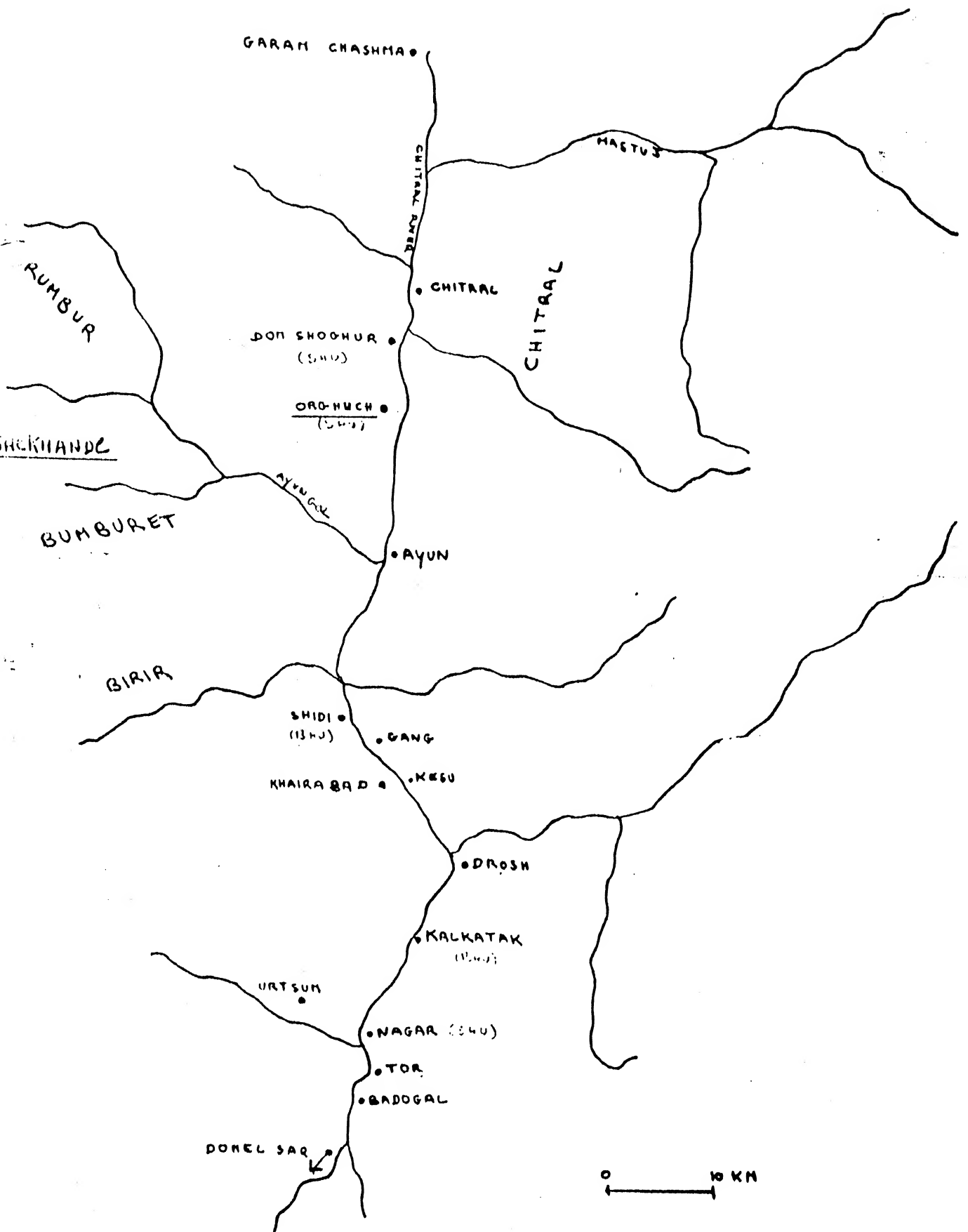
- . to evaluate the coverage of the target population
- . to eventually observe a decrease in goiter stage
- . to study the impact of the iodine salt campaign among refugees.

Analysis and results will be forth coming in another report in March.

Although the iodized oil injection provides benefit for 3 to 5 years, we would expect longer term results with the daily use of iodized salt. Because of its low cost, and because of the constant content of iodine it can give through a daily diet, it would be appropriate to include it in the monthly refugee ration.

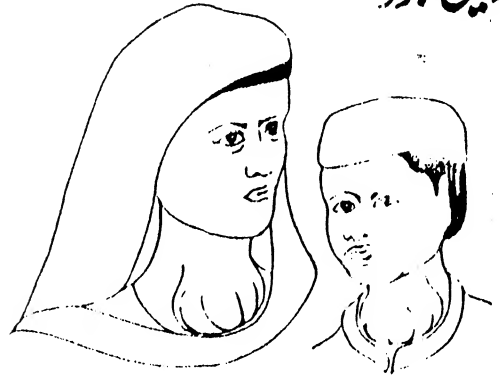
In fact, the incidence of goiters revealed in this programme makes this action imperative in order to prevent the serious complications of this deficiency.

ANNEX 1



IODINE DEFICIENCY

دایودین کمبود



ایودینی ماسکه دغور مخنیوی کوی

IODIZED SALT PREVENTS GOITRE

GOITRE INJECTION

ایود دد مرض مخنیوی کوی

AGENCY RESPONSIBLE: MSF

(مسئول نمایندگی) بی سرحدہ طبیبان

NAME OF HEAD OF HOUSEHOLD دکوری دشر نوم	علی شاه
CLASS BOOK NUMBER د کلاس کتاب نمبر	-
GOVERNANCE FROM / TRIBE قوم	د پنجشیر - ارمان
CAMP'S NAME د کیمپ نوم	د دوم کیمپ
GOVERNANCE FROM / TRIBE د کلاس کتاب نمبر	37

NAME نوم	MALE ♂ FEMALE ♀	AGE / GOITER عمر غور 0.1.2.3	DATE OF INJECTION تاریخ		DOSAGE دوز
			1st	2nd	
خانم علی شاه	F	35	I	15/8/89	1ml
خوشه	M	12	I	"	1ml
خانم	F	10	0	"	1ml
پلار	M	8	0	"	1ml
ج. ج.	F	6	I	"	1ml
کریم الله	M	17	0	"	0.5ml
ج. ج. خدیجه	F	45	II	"	1ml